ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

U.S. DEPASTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program Important: Read the instructions on pages 1-8.

	SECTIO	N A - PROPERTY INFORM	ATION	For Insurance Company Use:
A1. Building Owner's Name MOCIL CONGRAPHET	TON COMPANY	· /KK -	7	Policy Number
A2. Building Street Address (including A	Apt., Unit, Suite, and/or Blag	. No.) or P.O. Route and Box No.		Company NAIC Number
City Edmann Hill		GA.		ZIP Code 3/324
A3. Property Description (Lot and Block	Numbers, Tax Parcel Num	ber, Legal Description, etc.) 7 THE Richmans	Here Pla	
A4. Building Use (e.g., Residential, Non A5. Latitude/Longitude: Lat. 1.31.50. A6. Attach at least 2 photographs of the A7. Building Diagram Number 8. For a building with a crawl space of a) Square footage of crawl space of b) No. of permanent flood opening enclosure(s) walls within 1.0 for c) Total net area of flood openings	Residential, Addition, Accept Un. 5" Long. building if the Certificate is enclosure(s), provide: or enclosure(s) s in the crawl space or above adjacent grade	bessory, etc.) PESITE WOBI 7' 07.3 being used to obtain flood insur A9. For a b For a b No wal	Horizontal Dirance. building with an attacuare footage of attac	thed garage, provide: 68 sq ft openings in the attached garage ove adjacent grade
SI	ECTION B - FLOOD INS	SURANCE RATE MAP (FIRM	W) INFORMATION	1
B1. NFIP Community Name & Communi	ty Number B2	. County Name		B3. State
B4. Map/Panel Number B5. Suffix A		B*. FIRM Panel Effective/Revised Date 8 - 30 - 07	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B11. Indicate elevation datum used for B B12. Is the building located in a Coastal I Designation Date SECT	Barrier Resources System (929 NAVD 1988 CBRS) area or Otherwise Prote OPA CBRS OPA EVATION INFORMATION (S		Yes 440
C1. Building elevations are based on: *A new Elevation Certificate will be re C2. Elevations – Zones A1-A30, AE, AH, below according to the building diagr Benchmark Utilized	Construction Drawings* equired when construction of A (with BFE), VE, V1-V30, am specified in Item A7.	Building Under Co f the building is complete. V (with BFE), AR, AR/A, AR/AE	enstruction*	Finished Construction H, AR/AO. Complete Items C2.a-g
Conversion/Comments	OA	(Check the measurer	ment used.
a) Top of bottom floor (including bath) b) Top of the next higher floor c) Bottom of the lowest horizontal state of the lowest horizontal state of the lowest horizontal state of the lowest elevation of machinery of the lowest elevation of machinery of the lowest adjacent (finished) grades.	structural member (V Zones or equipment servicing the b Comments) e (LAG)	- 15. Z sonly)	feet met feet met feet met feet met feet met	ers (Puerto Rico only)
g) Highest adjacent (finished) grad				3.40
This certification is to be signed and seal information. I certify that the information I understand that any false statement matching the Check here if comments are provide Certifier's Name	led by a land surveyor, engi on this Certificate represen ay be punishable by fine or i	ts my best efforts to interpret the	law to certify elevati e data available.	
Address P.D. Box 92 Russignature	Company Name UNEYING, INC. Lity Mane Hick T-16-	State GA. Telephone 917-	ZIP Code 3(32) 756-436	E 333333

IMPORTANT: In these spaces, co	opy the corresponding information f	rom Section A.	For Insurance Company Use
Building Street Address (including Apt., 165 DOVE DARKE	Unit, Suite, and/or Bldg. No.) or P.O. Route	and Box No.	Policy Number de Company NAIC Number
City /	State 64.	ZIP Co	TO SOME AND A STATE OF THE PROPERTY OF THE PRO
SECTION	D - SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFICATIO	N (CONTINUED)
	cate for (1) community official, (2) insurance		
Comments	TIME AC HAIT DEATS I	N CAMBLE AND	E SMANT VENTS, 4 UENTS
PLANED 10 200 ST DEN	VENT. THIS CENTIFICA	TE 15 FOR WAME	IN GECTION A-HI ONLY . H.
Signature / Signature	OHE COMPENSATION RE	ate	Check here if attachments
SECTIONE - BUILDING ELEV	ATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZON	E AO AND ZONE A (WITHOUT BFE)
and C. For Items E1-E4, use natural g E1. Provide elevation information for grade (HAG) and the lowest adjaca). Top of bottom floor (including b) Top of bottom floor (including b). Top of bottom floor (including b). For Building Diagrams 6-8 with posterior (elevation C2.b in the diagrams). E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth rordinance? Yes No	cent grade (LAG). pasement, crawl space, or enclosure) is pasement, crawl space, or enclosure) is ermanent flood openings provided in Section of the building is feet feet meters ab vor equipment servicing the building is number is available, is the top of the bottom Unknown. The local official must certify the	es to show whether the elevation of the state of the stat	ation is above or below the highest adjacent above or below the HAG. ars above or below the HAG. are 8 of Instructions), the next higher floor below the HAG. are above or below the HAG. are above or below the HAG. with the community's floodplain management
SECTION	F - PROPERTY OWNER (OR OWNER	R'S REPRESENTATIVE)	CERTIFICATION
The arrest owner or owner's authoriz	ted representative who completes Sections ments in Sections A, B, and E are correct to	A, B, and E for Zone A (with	out a FEMA-issued or community-issued BFE)
Property Owner's or Owner's Authorize	d Representative's Name		
Address	City		State ZIP Code
Signature	Date		Telephone
Comments			
	A 5 5 14		Check here if attachments
	SECTION G - COMMUNITY INF	ORMATION (OPTIONAL	-)
and G of this Elevation Certificate. Com G1. The information in Section C v is authorized by law-to certify (G2 A community official complete	plete the applicable item(s) and sign below. vas taken from other documentation that has elevation information. (Indicate the source a d Section E for a building located in Zone A	s been signed and sealed by and date of the elevation data (without a FEMA-issued or o	ca licensed surveyor, engineer, or architect who as in the Comments area below.) community-issued BFE) or Zone AO.
G3. The following information (Iten	ns G4G9.) is provided for community flood	plain management purposes	
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate	Of Compliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (inc G9. BFE or (in Zone AO) depth of flooding	New Construction Substantial I Sluding basement) of the building:	feet	meters (PR) Datum meters (PR) Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments			
	* \$		Check here if attachment

Building Photographs See Instructions for Item A6.

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 155 Dove Drake Drive

Policy Number

City Richmond Hill State GA ZIP Code 31324

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Side











Front

Rear